~~CATION~~ FEE DETERMINATION RECORD
Substitute for Form PTO-875

unless it displays a valid OMB control number.

Application or Docket Number
10/661122

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))								
TOTAL CLAIMS (37 CFR 1.16(c))						OR		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =	.		X 1 ___ =	.	OR	X 1 ___ =	.
	minus 3 = .	.		X 1 ___ =	.	OR	X 1 ___ =	.
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ 1 ___ =	.	OR	+ 1 ___ =	.
				TOTAL		OR		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	27	Minus	26	4	X 1 =	.	OR	X 1 30	60
Independent (37 CFR 1.16(b))	3	Minus	3		X 1 =	.	OR	X 1 =	.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 1 =	.	OR	+ 1 =	.
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	30

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus		.	X 1 =	.	OR	X 1 =	.
Independent (37 CFR 1.16(b))		Minus		.	X 1 =	.	OR	X 1 =	.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 1 =	.	OR	+ 1 =	.
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus		.	X 1 =	.	OR	X 1 =	.
Independent (37 CFR 1.16(b))		Minus		.	X 1 =	.	OR	X 1 =	.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 1 =	.	OR	+ 1 =	.
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.